FEB 1 0 2006

PTO/SB/83 (01-06) Approved for use through 12/31/2008. OMB 0651-0035

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

| and the second s |             |  |
|--|-------------|--|
| Application Number   | 09/989,783  |  |
| Filing Date  | 11/20/2001  |  |
| First Named Inventor   |             |  |
| Art Unit   |             |  |
| Examiner Name  |             |  |
| Attorney Docket Number   | 30868/04000 |  |

| To: Commissioner for P.O. Box 1450   |                              |       |    |                  |  |                | į          |  |
|--|------------------------------|-------|----|------------------|--|----------------|------------|--|
| Alexandria, VA 22313-1450  |                              |       |    |                  |  |                |            |  |
| Please withdraw me as attorney or agent for the above identified patent application, and   |                              |       |    |                  |  |                |            |  |
| all the attorneys/agents of record.  |                              |       |    |                  |  |                |            |  |
| the attorneys/agents (with registration numbers) listed on the attached paper(s), or   |                              |       |    |                  |  |                |            |  |
| the attorneys/a  |                              | 24024 |    |                  |  |                |            |  |
| NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.  |                              |       |    |                  |  |                |            |  |
| The reasons for this request are: Responsive to the client's instructions, we have transferred this case and all responsibility for this application to the new firm listed below.   |                              |       |    |                  |  |                |            |  |
| аррисацоп ю ше нем шти выес реком.   |                              |       |    |                  |  |                |            |  |
|  |                              |       |    |                  |  |                |            |  |
| CORRESPONDENCE ADDRESS   |                              |       |    |                  |  |                |            |  |
| 1. The correspondence address is NOT affected by this withdrawal.  |                              |       |    |                  |  |                |            |  |
| 2. Change the correspondence address and direct all future correspondence to:  |                              |       |    |                  |  |                |            |  |
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|  |                              |       |    |                  |  |                |            |  |
| OR Elm or  |                              |       | -  |                  |  |                |            |  |
| Firm or Individual Name  | McNees, Wallace & Nurick LLC |       |    |                  |  |                |            |  |
| Address  | 21 E. State Street           |       |    |                  |  |                |            |  |
|  | 17th Floor                   |       |    |                  |  |                |            |  |
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| Country  | USA                          |       |    |                  |  |                |            |  |
| Telephone  | (614) 469-8000               |       | _  | Email            |  |                |            |  |
| Signature /  | ~ n. F) w                    |       |    |                  |  |                |            |  |
| Name Joan N. Drew  | v                            |       |    | Registration No. |  | 52,364         |            |  |
| Date 2/8   | 106                          |       |    | Telephone No.    |  | (614) 621-7763 |            |  |
| NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved. |                              |       |    |                  |  |                |            |  |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.